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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	374	
1. PLACE OF DEATH	<u> </u>	p.	
County Dorchestu	Registration Dist. No. //		
Village or City Combulge	ND. St., f death, occurred in a hospital or institution, give its NAME instead of street and num	Ward	
Length of rasidanca in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmos	nber)	
2. FULL NAME Inpant Body	If U. S. Veteran, specify WAR	**********	
(a) Residence: No. 15-4 Mashington	St., Ward.		
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Ste  MEDICAL CERTIFICATE OF DEATH	ate	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	93 6	
5a. If married, widowed, or divorced	(Month) (Day)	(Yeer)	
HUSBAND of (or) WIFE of	22. Stillbarn 19 to	ceasad from	
6. DATE OF BIRTH (month, day, and year) Troumber 21 1936	I last saw h alive on; d		
7. AGE Years Months Days If LESS than 1 day	to have occurred on the data stated abova, atm.		
ormin.	were at follows:	Date of enset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	(8 mm primature)	1-4-36	
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased ast worked at this occupation (month and			
10. Date decaased last worked at this occupation (month and yaar)			
12. BIRTHPLACE (city or town) 15 4 Masking In 14 (State or country)	Other Contributory Causes of importance:		
	-		
13. NAME (Williams 13. NAME (State or country)	Name of operation		
# 15. MAIDEN NAME Lillie Jackson Body	What tast confirmed diagnosis? Was there an auto	opsy?	
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	, 19	
17. INFORMANT Lillie Jackson Body	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Addrass)  18. BURIAL, CREMATION, DR REMOVAL	A Manager of Indian		
Place Caustrilge, med Date 11 - 23, 1936	Manner of injury		
19. UNDERTAKER Lewis A. Bayreum	24. Was disaase or injury in any way related to occupation of dacaesad?		
(Address) Cambridge Mil	If so, spacify (Signed) Carroll MACCOM		
20. FILED 11 - 22 3 , 136 70 cm Registrar.	(Signed) Com tells of	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis **	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1 1036	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
			-	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Control as male from the land	BELOVE,			

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11375
1. PLACE OF DEATH	- A
County Darchester WITHIN CORPORAT	Registration Dist. No. //
Village or City Cambridge	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occulredmos.	ds. How long In U.S. if of foreign birth? yrs. mgs. ds.
2. FULL NAME MINORIA CONTRACTOR	Ti U. S. Veteran, specify WAR.
(a) Residence: No. 199 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	(month) (Day) (Teal)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
14 00 00 1676	not at 19 to all 19
6. DATE OF BIRTH (month, day, and year)	Hoot sew h slive on 5 tellaru, 19 ; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at / : 20 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
stell torn or min.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	1
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (years)	fullon cause
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	and the contract of the contra
10. Oate deceased last worked at 11. Total time (years)	
O this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Oanfredal	Other Coutributory Causes of importance:
(State or country)	
E 13. NAME GOSCIET COLOR	
14. BIRTHPLACE (city or town).	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Chine Was there an autopsy? 200
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	-Accident, suicide, or homicide?Oate of Injury,19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Costell Colman (Address) 129 washing to 57.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 19	Nature of injury
19. UNDERTAKER LENSTHELLEN (Address) Lensthellen (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11-23, 36 John Mary Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar.	2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis   Dro 1 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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	N. B.—WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13-41)
County barchesler	Registration Dist. No. 1/2
Village or City Viersna (autoide)	No. 12 World
all of J. C. (II	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Trans Collins	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
OR DIVORCED (white the word)	Must 79 (Month) (Dev) (Year)
5a. If merried, widowed, or divorced / teggie boleman	NAME OF THE PARTY
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from 2, 1936, to 2007 18, 1936
6. DATE OF BIRTH (month, dey, end year) 1869 - Feb 2 ?	I lest saw h. Landive on 2 Day 5 19 6 deeth is said
7. AGE Yeers   Months   Days   If LESS then	to have occurred on the date stated above, at // 22 m.
67 9 28 1 dey,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Date of onset
SAWYER, BDOKKEEPER, etc.	amostrice dysentery ongo
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Dete deceesed last werken at the same of the same	- Deviation : not stated
10. Dete decessed last worked at 2 11. Total time (years)	
this occupation (month and spent in this occupation spent in this occupation	
12. BIRTHPLACE (city or town) Drackesty Co	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME Leofer Cale more	
13. NAME Leofur Code more  14. BIRTHPLACE (city or town) Dorcharler Co.	Name of operation 22 and Dete of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Cedwort	23. If death wes due to external ceuses (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Mary Colorect  16. BIRTHPLACE (city or town) Detroper (Colorect)	Accident, sulcide, or homicide? Dete of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Paller Malace	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Land / Land   18. BURIAL, CREMATION, OR REMOVAL	
Plece Villama, Test Date Mary 22, 1936	Nature of injury
On 14 (2000 2	
19. UNDERTAKER (Address)	24. Wes disease or injury in any wey related to occupetion of deceased?
20. FILED Nov. 22 1936 Elizabell M. Brasl	(Signed) M. D.
Registry.	(Address) Hillard Mars
1) more viante, are necueu, daaress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 5 1999	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUYEAU	71		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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Bacon 1896.

1. PLACE OF DEATH	920
County Darchesler	Registration Dist. No. // C
Village or City Cambredge	NoSt., Ward
Length of residence in city or town where deeth occurred 39 yrs. 7 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsds.  ds.
a 0 the O the	
2. FULL NAME COMMIS Suggested	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) Warried OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
58. If married, widowed, or divorced HUSBAND of (61) WHFE-01 Beatrese Creighton	22. HEREBY CERTIFY, That i ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Desternher 14, 1897	I last sew home elive on November 17, 19 31; death is said
7. AGE Yeers Months Deys If LESS then 1 dey,hrs.	to have occurred on the dete steted above, etm.
7 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER,	Miter dusypung heule 9.25.3
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, 3ANK, etc  10. Date decessed lest worked et this occupietion (month end spent in this	and designing deut 9-18-34
work wes done, as SILK MILL, Alueral Loor SAW MILL, BANK, etc	( ) 10-9-0
10. Date decessed lest worked et this occupetion (month end yeer) spent in this occupation occupation	<i>n-1</i>
12. BIRTHPLACE (city or town) Cambrel Bucktown (Stete or country)	Other Contributary Causes of importence:
2 13. NAME Laws Creighton	
E // /3 //	No. of the second secon
4. BIRTHPLACE (city or town) Company (State or country)	Neme of operation
E 15. MAIDEN NAME MARY HARRES	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Harres  16. BIRTHPLACE (city or town) Black water  (State or country)	Accident, suicide, or homicide? Date of injury19
(State or country) Lor, Co., mad	Where did injury occur?
17. INFORMANT JOE Creighton (Address) Cambridge Hed	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Combudge had Place Bethel Cemetery 20 Date november, 1936	Menner of injury
19. UNDERTAKER That Can (Address) Combridge had	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED 11-20, 1936 John Mace No. Registyon.	(Signed) Charlems Ceau M. D (Address) An Tal, St
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	111111111111111111111111111111111111111
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	Village or City Caulnoge	No. Molernit Works. St.
	Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number deathds. How long in U.S. if of foreign birth?yrsmos
2	FULL NAME TOCOS ON WY W	If U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Stat
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dece
6. I	1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
CUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Were as follows:  Portract  Portract
0	10. Date deceased last worked at this occupetion (month end year)  BIRTHPLACE (city or town)  (State or cougtry)	Other Coutributory Causes of Importance:
ER	13. NAME Fragett-Goldstwell	7
FATHER	14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diegnosis? Was there an autog
MOTHER	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county and State)
	INFORMANT (Address)  BURIAL, CREMATION, OR REMOVAL  Place  Date How 2 2 1936	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury
19.	UNDERTAKER Ham A. Woden (Address) 2 2 9 7 Holy J.	24. Was disease or injury In any way related to occupation of deceased?
20.	FILED 11-21, 1936 gala mare Registry	(Signed) Surface (Address) Cauchy M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

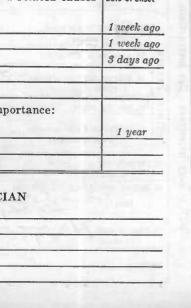
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEC 4 1930	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 V. S.	July 5, 1927	Peritonitis	3 days ago	
	And the same of th				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RILEGALL V S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1000			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year
18/11			1 your

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DE	ATH		(942)	
County Do	chester		Registration Dist. No.	0
Village or City	Hindrille.		_NoSt.,	Ward
Length of residence i	n city or town where death occurred		ath occurred in a hospital or institution, give its NAME instead of street and decision	
2. FULL NAME.	Charles H	arleer	If U. S. Veteran, specify WAR	
(a) Residence: No	L'eder als Prus. (Usual place o		St., Ward.  If nonresident give city or town an	d State
PERSONAL A	AND STATISTICAL PARTIC	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. CO	DOR OR RACE   5. SINGLE, MARR OR DIVORCED	(write the word)	1. DATE OF DEATH	., 193 (Year)
5e. If married, widowed, or of HUSBAND of (or) WIFE of	Ho data	22	2. I HEREBY CERTIFY, Thet I attender  Mov 13 1936 to Plor 13	
6. DATE OF BIRTH (month,			10-12	death is said
7. AGE Years About 65	Months Days Us exact data	1 dey,hrs.	to have occurred on the date steted above, at	Date of onset
8. Trade, profession, o kind of work do SAWYER, BOOK	r particular ne, as SPINNER, Sou, SA KEEPER, etc.	Toren.		
NOTE NOTE OF THE PROPERTY OF T	s in which		Coronary Humbores	11/13/16
10. Date deceased last this occupation (	worked at month and a spen	tin this pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or to	wn)		A. A. A. S. A.	
(State or country)	· Our anne	+.	leave Julmorery Colesson	1/13/3
E	and and	manon	News of a series	
14. BIRTHPLACE (city o			Name of operetion Dete of	autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city of	(1	23	3. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
16. BIRTHPLACE (city o	r town)\		Accident, suicide, or homicide? Date of Injury	, 19
∑   (State or countr	y)	V1 1	Where did injury occur? (Specify city or town, county and St	
17. INFORMANT (Address)	Stille Robinson	und,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
18. BURIAL, CREMATION, O	0 1 1	14 103/	Manner of injury	
19. UNDERTAKER (Address)	3. Hampton &	2 ou 2	4. Was disease or injury in any way releted to occupation of deceased?	tro
	ocale als mura.	Tural.	If so, specify	

7. S. No. 1

should state

PHYSICIANS

stated EXACTLY. properly classified. E

should be

AGE

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY

WITH UNFADING INK-THIS

FOR BINDING

ARGIN RESERVED

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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	Example I	- 1	Example II	100
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis DEC '( Las	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	Ca Es			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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	ij.	U2	1	
	E PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD - Every item of in	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	
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	it	70	0	
	ery	Z	ent	
9	EV	CIA	em	
	ä	SI	tat	
	Ĕ	HX	4	
ì	EC	Ь	xac	
4	R	Y.	百	
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	ZE	CI	ifie	
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	R	X	C	*
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	V	tec	be	iifi
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		rei	Lin	tar
	LY	Co	E	DOI
	K	be	EA	im
	LA	plu	D	s very important. See instructions on back of certificate.
	P 2	Sho	OF	Ve
	T	47		700

for-tate PA-1. PLACE OF DEATH County Registration Dist. No. \_\_St.,\_\_\_\_\_Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? vrs. mos. Langth of rasidanca in city or town where death occurred If U. S. Veteran, specify WAR, (a) Residence: No. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a, If married, widowad, or divorcad HUSBAND of 22. I HEREBY CERTIFY, That I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Years If LESS than 7. AGE Months Davs to have occurred on the dete stated ebove, at // 1 dey, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 0 or ..... min. Date of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc ... 11. Total time (yaars) 1 D spant in this occupation from about 10. Date deceased last worked at this occupetion (month and year) 46 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME FATH Neme of operation... 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an eutopsy? OTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?. Date of injury 16. BIRTHPLACE (city or town). (Stete or country) Whera did Injury occur?\_\_ (Specify city or town, county and State) Spacify whethar injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMANT (Address) now 18. BURIAL, CREMATION, DR REMOVAL me Mennar of Injury mation s -WRIT LION Natura of Injury 24. Was diseasa or injury in any wey related to occupation of deceasad? 19. UNOFRTAKER (Address) If so, specify (Addrass) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage DEC 4 1936	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLACE OF DEATH	STATE OF MARYLAND  CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City destey (No	St.: Ward)  St.: Ward)  (If death occurred in a hospitul or institution, give lts NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married.  Marke  4 COLOR OR RACE  5 SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Xionth) (Day) (Year)	that I last saw h ailve on Still town, 192,
7 AGE Sile Gora   If LESS than I dayhrs. yrs	and that death occured on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos ds.  (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER Z (State or country)	(Signed) M. D.  192 (Address) We Loo See  Plate the Disrase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yes mos ds. State yes mos de.
(Informant) Bute Hayrout  (Address) Culture Office	if not at place of death?  Former or usual residence
Filed Nov 20 1936 Mrs. W. I lesstick (Ford Registra)  If more banks are needed, address State Registra	Burk Hayward andrews Mr. 16 W. Saratoga St., Balto, Requesting V. S. No. 1.
If more blanks are needed, addrois State Registra	

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### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from of given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. to report specifically the occupations of persons enen at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be-taken definite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) household only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of cipition is very important, so that the relative health Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy

jever spinal menin atis"); Diphtheria (avoid use of "Croup"); Typhoid ferer inever report "Typhoid Pneumonia"); ed term for the same disease. E.:amples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-(the only definite synonym is "Epidemic cerebropneumonie. Bronchopneumonia ("Pneumonia.

1936

permanently filed.

is essential and must be obtained before the certificate in

accident, Revolver wound of head—homicide; Poisoned by earbolic acid—probably suicide. The nature of the injury. anavered in detail, it will prevent further correspondence. earbolic acid probably suicide. The nature of the injury, approved by Committee on American Medical Association.) "PJERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," cuanus) may be stated under the head of "contributory" Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death diseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcomo,, etc., of...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Chronic interstitud nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is I oked over thoroughly and all quations "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic affection need not be etc. The valvular heart disease; Nomenclature Always qualify all contributory Measles ;

V. S. No. 1

PLACE OF DEATH County Dorohester			106-01	CERTIFICAT	MARYLAND E OF DEATH	
	y Vienna, Mo	(No	Registration Dist. No. 112 s  St.: Ward) (If death occurred a hospital or instition, give its NAME)			
PERSO	NAL AND STATIST	ICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH	
Male Colored. Single. Widowed. OR DIVORCED (Write the word)			16 DATE OF DEAT	16 DATE OF DEATH November 23rd., 1936 102		
6 DATE OF BII	August (Month	11th., 193	11/23/36	11/23/36 s 192 to 11/23/36 s , 192 , that I last saw h 1 m alive on 11/23/36 s , 192 , and that death occurred on the date stated above, at 3 R s , m, The CAUSE OF DEATH * was as follows:		
7 AGE	yrs. 3		hrs. The CAUSE OF DE			
8 OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Vienna, Maryland.			for the or	its Physicis		
OF FATI	George Was LACE HER Or country) Vienn	Maryland.  Thington Jacksona, Md.	12/20/00019	2 (Address) Vieni Fiscase Causing Deat state (1) Means of all or Homicidal.	th, or, in deaths from Injury and (2) Whether	
of Mother May Adeline Pinkett.  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Vienna, Md. (Address)  15 Filed 11/25/36.192 Elizabeth W. braft Ligation			18 LENGTH OF ients or Recent At place of deathyrs	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns ients or Recent Residents)  At place of deathyrsmosds.		
				IAL OR REMOVAL	DATE OF BURIAL	
			Vienna, Mo 20 UNDERTAKER Buried by	Father.	ADDRESS Vienna, Md.	
	If more banks are	needed, address State Kegi	strar, 16 W. Saratoga St	., Balto., Requesting V	. 5, 1/0. 1.	

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired fromshould be used only when heeded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATHE. greed in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, to report specifically the occupations of persons en household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The inaterial For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. For persons who have no occupati Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the pisses.

EASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head—homicide; Poisoned by artelie acid—probably suicide. The "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease American Medical Association.) Recommendations on statement of cause of death thetalus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menfracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on for malignant neoplasms); Measles; Chronic valvular heart and consequences (e. g., sepsis, affection necd etc. The contributory Nomenclature disease;

XII his certificate is looked over thoroughly and all qu stions inspected in detail, it will prevent further correspondence. All the fital sessential and must be obtained before the certificate is permanently filed.

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	RECOMD. Every PHYSICIANS
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FOR	IS A stated
ARGIN RESERVED FOR BINDING	UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforupplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERM stated EX TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

V. S. No. 1

STATE OF MA	RYLAND-	CERTIFIC	ATE	OF	DEATI
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1. PLACE OF DEATH	
County Deal Ten WITHIN CORPORATE	Registration Dist. No. 116
Village or City 9700	No. Caroline Mes Thoptos St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  7ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Nancia & There	If U. S. Veteran, specify WAR
(a) Residence: No. Caraly Caraly	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dey) (Year)
5a. If merried, widowed, or divorced	
HUSBAND of (or) WIFE of Harris & Johnson	22. I HEREBY CERTIFY, That I attended deceased from  November 25, 1936, to 19
6. DATE OF BIRTH (month, day, and year)	I last saw h 2 alive on Nov 26 ,1936; death is said
7. AGE Years Months Days II LESS than	to have occurred on the data stated above, at m.
8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Despites Mellitus - acidoiis?
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and 7/1-1-1)	
year)occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	Probale caremorna 1 Stomach?
(Stete or country)	X
14. BIRTHPLACE (city or town)	U
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Luceal Was there an autopsy? 10
15. MAIDEN NAME apple and	23. If death was due to external couses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Construction of the state of	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANTALIO Theoland nanth	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address)	opening medicingery constitution in the control in
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place more 7 1936	Nature of injury
19. UNDERTAKER OFSLECTION	24. Was disease or injury In any way related to occupation of decaased?
(Address)	(Signed) Wyle M Faw M.D.
20. FILED 12-2 134 Aohn mace on.	(Signed) Wylle II Faw M. D. (Address) Cambridge Ald
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	01 111 P 11 11 11 11 11 11 11 11 11 11 11	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
Tay 1,1923	Gastroenteritis	1 year
	ly 5,1927	1921 Run over by street car ly 5,1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. V.

(Address)

Registrar.

24. Wes diseese or injury in any way releted to occupetion of deceased

WRITE S. No. 1

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

### STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state

stated EXACTLY.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PL

V. S. No. 1

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

1. PLACE OF DEATH		
County Double	olec.	Registration Dist. No. 116
Village or City Chur	uch Creek	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whe	re death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Marg	aut Ellen	Jones
(a) Residence: No. Chifr	(Usual place of abode)	St., Ward.  If monresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemules White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Nov  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of	4	
(or) WIFE of Edwy	Dyones	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 2000 2, 1936
6. DATE OF BIRTH (month, day, and year)	Sept 7-1863	last saw h ev alive on Oct. 29, 1936; death is sald
7. AGE Years Months	Oays If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Oate of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Caelescà Jun 36
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation 55	
12. BIRTHPLACE (city or town). Chu	wh lowk	Other Contributory Causes of importance:
(State or country)	1 mil	
14. BIRTHPLACE (city or town) Clus	1 Milwordson	
14. BIRTHPLACE (city or town)	unh locato	Name of operation Date of
(State of country)	pp. Incu	What test confirmed diagnosis? Cliencel Was there an autopsy? No
15. MAIDEN NAME Sarah CL	auss for	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Sarah (L.  16. BIRTHPLACE (city or town) . 6 a.	murge	Accident, suicide, or homicide? Oate of injury, 19,
(State or country)	ner	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Eclipsis B (Address) Chief	The Creek	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 - 11	Manner of Injury
Place Church Core	12. Oate 100 4 , 1936	Nature of Injury
19. UNDERTAKER ht on ald of (Address) Church	lihadson	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11 - 4 , 1956 C)	ohu maca 90.	(Signed) Elizable M. D. (Address) Gaculudge Ned.
If Wh	ore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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1		Example II	
Date of onset	The principal cause of of importance were as	9.99	Date of onset
1915	Attack of epilepsy	1 S A	1 week ago
1921	Run over by street car	DEC of IRRO	1 week ago
July 5,1927	Peritonitis	300	3 days ago
		1 5 mm	
		had not "	States of the last of the last
	Other contributory caus	ses of importance:	
May 1,1923	Gastroenteritis		1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of of importance were as in the second secon	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

Exact statement

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE PLA

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1. PLACE OF DEATH	109)
County Dareher Ter WITHIN CORPORATE	Registration Dist. No. / 1 6
Village or City Cambridge	No. St., Ward
loveth of raidens is situated and a love because	(if death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. it of foreign birth? yrsmosds.
(10, 000 30)	
2. FULL NAME Standard Dean	If U. S. Veteran, specify WAR
(a) Residence: No. 19 11 21 21 22 22 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Calared OR DIVORCED (write tha word)	3 ,193
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attanded deceased from
acusto reacc	
6. DATE OF BIRTH (month, day, and year) Zucknown	I last saw h elive on , 19 ; death is sain
7. AGE Yaars Months Days If LESS than	
all. 42   D   ormin.	were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER.	I wanted who
SAWYER, BOOKKEEPER, atc	F- JUNI
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data dacaasad last worked et 2 spleas   11. Total tima (years) this occupation (month and spent in this cocupation)	
year) age occupation	
12. BIRTHPLACE (city or town) Alexander anne	Other Contributory Causes of Importanca:
(Stata or country) / May	
13. NAME Don't lever	
13. NAME LO unt formation 14. BIRTHPLACE (city or town)	Name of operation Data of
(Stata or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Macy Tofnam  16. BIRTHPLACE (city or town)   (State or country)	23. If daath was due to externat ceuses (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Data of injury19
≤ (State or country)	Where did injury occur?
17. INFORMANT Legum Kame	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Careleridge	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place male male 7: 193	Nature of injury
19. UNDERTAKER L'ewis St. Bayrensu	24. Was disaase or injury in any wey ralated to occupetion of dacaasad?
(Address) Cambridge, Jungeland	If so, specify
20, FILEO 11 - 9 19 36 dolu made 7	(Signad) M. (
A. Registylar.	(Addrass) 322 Dang & Canadashy In
If more blanks are needed, address State Registr	rat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 m

PHYSICIANS should state

of infor-

of OCCUPA-

Exact statement

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1/	1. PLACE OF DEATH	108-0	
1/	County Doublettes WITHING	Registration Dist. No. // 6	
M	1.CE	NoSt.,St.,	
	Length of residence in city or town where death occurredmos	epne	ds.
	2. FULL NAME findled / Care	If U.S. Veteran specify WAR. Would	
	(a) Residence: No. (Usual place of abode)	St., 2 Ward.  If nonresident give city or town and State	ite
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3	S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	93 <b>6</b>
5	a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deco	eased from
عن و	DATE OF BIRTH (month, day, and year)	I last saw h List aliva on 11-5, 1936; de	eath is said
lcat	AGE Years Months Oays If LESS than	to have occurred on the date stated above, at	
certificate	4/ 2/17   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
of c	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	12 poros framonia	1-7-30
on back of	9. Industry or business in which work was done, as SILK MILL bulks & Calon SAW MILL, BANK, etc.		
	1D. Oate deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other Contributory Canses of Importance:	
instructions	12. BIRTHPLACE (city or town) Junior (State or country)		
Istri	13. NAME Cleas N. Kare		
90	14. BIRTHPLACE (city or town) Southers (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'o	nnsv?
it.	15. MAIDEN NAME GOING Curres	23. If death was due to external causes (VIOLENCE) fill in also tha following:	p-1,
important	15. MAIDEN NAME  16. BIRTHPLACE (city or town) postcharles to (State or country)	Accident, suicida, or homicide?Oata of injury  Whera did injury occur?	_, 19
very im	17, INFORMANT JOSH STATES	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE	
S	18. BURIAL, CREMATION, OR REMOVAL CUMPING MARCHANIST Place Warry La Crushing Company 19276	Manner of injury	
TION	19. UNDERTAKER M. H. M. St. Gais Gurdell MA	24. Was disease or injury in any way related to occupation of decaased?	NO
10	20. FILED 1/-7 , 1936 John mace 76.	(Signed) J. J. J. Gunt J. Guntsuday	M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	1138
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1. PLACE OF DEATH		(1-2)	1410
County De Chester		Registration Dist. No. // &	· · · · · · · · · · · · · · · · · · ·
Village or City Jenna		No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where		ds. How long in U.S. If of foreign birth?	
2. FULL NAME Dara	h Eliabin Co	Elen	
(a) Residence: Np.	emi	St., Ward.	۵' ؛ تو
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATIST  SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Louisle Whit	OR DIVORCED (write the word)	(Month) 20 CDay)	., 193 (o
a. If married, widowed, or divorcad			(1001)
(or) WIFE of George Was	liveton Kelley	22. I HEREBY CERTIFY, That I attended	
DATE OF BIRTH (month, day, and year)	nie 20= 1/48		, ; death is sai
AGE Years Months	Days If LESS than	to have occurred on the data stated abova, atm.	
87	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:	
8. Trade, profession, or particular	7,		Data of onsa
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	y areacons	Lagupe -	-
kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc	hau o	/ / /	-
10. Data decaasad last worked at	11. Total time (years)		-
this occupation (month and 10 y	11. Total time (years) spent in this occupation dullet		
2. BIRTHPLACE (city or town)	healt Count	Other Contributory Causes of importanca:	
(Stata or country)	-ued	Deg es	
13. NAME (resley)	hompson		
13. NAME Wesley  14. BIRTHPLACE (city or town)	orchest	Name of oparation	
(Stata or country)	reed	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME May	y Josenson	23. If death was dua to external causes (VIDL ENCE) fill In also the following	g:
16. BIRTHPLACE (city or town)	ous tenon	Accident, suicide, or homicide? Data of injury	, 19
1 1 1- 0	•	Where did injury occur?(Specify city or town, county and Str	ite)
7. INFORMANT Le Tue	le de la	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
8. BURIAL, CREMATION, OR REMOVAL	) and	Mannar of Injury 4	
Placa Viersna	Data 12 - 22, 1936		
9. UNDERTAKER 14. Della. (Address) & Della	ugly & Low	24. Was diseasa or injury In any way related to occupation of deceased?	
O, FILED DAY D / 1936 CL	Le alest Ir. by	If so, specify (Signad)	м.
	ORegistrar.	(Address) Tradel	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	T
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	MENTS BY	PHYSICIAN
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1. PLACE OF DEATH	
County Dichester WITHIN CORPORATE LIM	Registration Dist. No. 116
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sO_ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Infant dec	if U. S. Veteran, specify WAR
(a) Residence: No. 418 August (Usfal place of abode)	St., Ward.  If nonresident give city or town and State ,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) The 2 19 34	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than I dey,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8. Trede, profession, or particular	were as follows:  Dete of onset  11-2-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(21/ month)
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month end year) year)	
12. BIRTHPLACE (city or town) Cambuly (State or country)	Other Contributory Causes of importance:
II 13. NAME Winself askini	
14. BIRTHPLACE (city or town) Cast tue Warket	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?0ate of injury19
17. INFORMANT & laightee (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Disposed Jal Date 11-2, 156	Nature of injury
19. UNDERTAKER mitchell Lee (Address) Carebuilae, mil	24. Was disease or injury in any way related to occupetion of deceased?
20. FILEO /1 - 2 , 136 Galw mace Ne.	(Signed) Consum YClu M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	- 4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2 14

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.

	STATE OF	MARYLA	ND-CERT	IFICATE	OF	DEATH	1139
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County Dorchester  Within Corporate Limits of  No. X. No. X. Ward  Unlarge or City Cambridge  Length of residence in city or town where death occurred. I yrs. mes.  2. FULL NAME Will within the Common of Live of the State of the Common of Live of Law online  3. St. Ward.  If U. S. Veleran, specify WAR. No.  (a) Residence: No. Dorchester Ave. St. Ward.  Ward.  Ward.  If U. S. Veleran, specify WAR. No.  (b) Residence: No. Dorchester Ave. St. Ward.  If a common of Live of Law online  No. X. Ward.  If a common of Live of Law online  Ward.  Ward.  MEDICAL CERTIFICATE OF DEATH  DATE OF BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Person, or particular  S. DATE OF BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Date Of BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Date Of BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Date Of BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Date Of BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Date Of BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Date Of BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Date Of BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Date Of BIRTH (month, day, and year) 3/10/1890  T. AGE Years  Months  A G. Date Of BIRTH (month, day, and year) 3/10/1890  T. BATHACAE (city or town)  G. Date of country)  T. BATHACAE (city or town)  G. Date of country)  T. Marke Wing.  Marke College town, country and State  Sanking Residence with a country and State  Months T. Town, country and State  Months T. Town, country and State  T. Marke Wing.  Marke Granty Line S. Lecompte  T. Marke Wing.  Marke Granty Line S. Lecompte  T. Marke Granty Line S. Lecompte  T. Marke Wing.  Marke Granty Line S. Lecompte  T. Marke Granty Line S. Lecompte  T. Marke Granty Line S. Lecompte	1	L PLACE OF D	EATH			82:0	
Village or City, Cambridge  Langth of residence in city or town where death occurred I yrs, mes. 6s. How long in U.S. If of toraign birth?  2. FULL NAME Improved of street and number)  (a) Residence: No. Dorchester Ave. 8.  (b) Residence: No. Dorchester Ave. 8.  (b) Ward.  (a) Residence: No. Dorchester Ave. 8.  (b) Ward.  (b) Residence: No. Dorchester Ave. 8.  (b) Ward.  (c) Residence: No. Dorchester Ave. 8.  (c) Color OR RACE  (d) Residence: No. Dorchester Ave. 8.  (b) Ward.  (c) Ward.  (d) Residence: No. Dorchester Ave. 8.  (e) Ward.  (a) Residence: No. Dorchester Ave. 8.  (b) Ward.  (b) Ward.  (a) Residence: No. Dorchester Ave. 8.  (c) Ward.  (a) Residence: No. Dorchester Ave. 8.  (b) Ward.  (a) Residence: No. Dorchester Ave. 8.  (c) Ward.  (a) Residence: No. Dorchester Ave. 8.  (b) Ward.  (a) Residence: No. Dorchester Ave. 8.  (c) Ward.  (a) Residence: No. Dorchester Ave. 8.  (c) Ward.  (c) Ward.  (d) Machine Machine Windle Control of Machine Company of Machin		County Don	chester	WITHIN CORP	DRATE LIMITS O	Registration Dist. No.	16
2. FULL NAME M. Vinfield McGloughlin  (a) Residence: No. Dorchester Ave, (basiphere of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Mark Mile  S. SIMCLE MARKED, WIDNED, OR DIVOKED Coverite the word)  Married  5. SIMCLE MARKED, WIDNED, Wilder of White  More Mile  Mile  S. Mile White  S. SIMCLE MARKED, WIDNED, Wilder of White  More Mile  S. Harder, Widneyed, or divorced  HISSAND of Lavenia Meredith.  6. DATE OF BIRTH (month, day, and year) 3/IO/I890  7. AGE  T. AGE					(lf	No. St., death occurred in a horpital or institution, give its NAME instead of street an	Ward d number)
(a) Residence: No. Dorchester Ave. (Usalplace of abode)  FERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Nale  White  White  Sor DYORED (which he word)  Married, widowed, or divorced (or) white he word)  Married (or) white of Lavenia Meredith.  5. Lit married, widowed, or divorced (or) white he word)  Married (or) white of Lavenia Meredith.  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  11 LESS than  1 day		Length of residence	in city or town where	death occurred	yrs,mos	ds. How long in U.S. If of foraign birth?yrs	mosds.
Comparison   Com	1	. FULL NAME	Vm. Winfie	ld McGlo	ughlin	If U. S. Veteran, specify WARNo	
3. SEX		(a) Residence: I	No. Dorche	ster Ave	of abode)		nd State
Male White Narried Narried (Month) (Day) (Year)  5. If married, widowed, or divorced HUSAND of Lavenia Meredith.  5. If married, widowed, or divorced HUSAND of Lavenia Meredith.  5. If LESS than 1 day		PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
HUSBAND of Lavenia Meredith.  5. DATE OF BIRTH (month, day, and year) 3/10/1890  7. AGE Years Months Days If LESS than 1 day,	3.			OR DIVORCE	D (write the word)		
T. AGE  Years  Months  AGE  Years  Months  AGE  Years  Months  AGE  Years  AGE  Years  Months  AGE  Years  AGE  AGE  AGE  AGE  AGE  AGE  AGE  AG	5a.	HUSBAND of T.93	venia Mer			nos, 6th, 1936, 10, 000, 7th	19.3.6
Sample   S	6.	DATE OF BIRTH (mont	th, day, and year) 3	/10/1890	)	I last saw h Lyon alive on portante 1, 19 3	€; death is sald
8. Trade, profession, or particular kind of work done as SPINNER.  9. Industry or business in which work done as SPINNER.  10. Date deceased last worked at this occupation (month and I/7/3d spent in this life occupation (State or country)  13. NAME Wm McCloughlin  14. BIRTHPLACE (city or town) Va. State or country)  15. MAIDEN NAME Lavenia Murphy.  16. BIRTHPLACE (city or town) Md.  17. INFORMANT Mrs John S. Beale.  (Address) Baltimore, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date II/IO; 26a Manner of Injury.  19. UNDERTAKER Granville S. LeCompte  (Address) Cambridge, Md. Date II/IO; 26a Manner of Injury in any way related to occupation of deceased? Md.  19. UNDERTAKER Granville S. LeCompte	7.		Months		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
12. BIRTHPLACE (city or town) Bishops Head, Md.  (Stata or country)  13. NAME Wm. McCloughlin  14. BIRTHPLACE (city or town) Va.  15. MAIDEN NAME Lavenia Murphy.  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT Mrs. John S. Beale.  (Address) Baltimore, Md.  18. BURIAL, CREMATION, OR REMOVAL PlaceCambridge, Md. Date II/ID; 369  19. UNDERTAKER Granville S. LeCompte  (Address) Cambridge, Md.  19. UNDERTAKER (Address) Cambridge, Md.  19. UNDERTAKER (Address) Md.  11. INFORMANT Mrs. John S. LeCompte  (Address) Cambridge, Md.  19. UNDERTAKER (Address) Md.	CCUPATION	8. Trade, profession, kind of work SAWYER, BOO 9. Industry or busin work was don SAW MILL, BA	done, as SPINNER, KKEEPER, etcess in which a, as SILK MILL, ANK, etc	Waterma	in		Date of onset
What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following:  15. MAIDEN NAME Lavenia Murphy.  16. BIRTHPLACE (city or town). (Stata or country) Md.  17. INFORMANT Mrs. John S. Beale. (Address) Baltimore, Md.  18. BURIAL, CREMATION, OR REMOVAL PlacCambridge, Md. Date II/IO;369.  19. UNDERTAKER Granville S. LeCompte (Address) Cambridge, Md.  19. UNDERTAKER Granville S. LeCompte	_	BIRTHPLACE (city or t		( 000	apation		?
15. MAIDEN NAME Lavenia Murphy  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT Mrs. John S. Beale. (Address)  18. BURIAL, CREMATION, OR REMOVAL PlaceCambridge, Md. Date II/IO; 369  19. UNDERTAKER Granville S. LeCompte (Address)Cambridge, Md.  19. UNDERTAKER Granville S. LeCompte	FATHER	14. BIRTHPLACE (city	or town)			Name of operation	
(Address) Baltimore, Md.  18. BURIAL, CREMATION, OR REMOVAL PlaceCambridge, Md. Date II/IO; 369.  19. UNDERTAKER Granville S. LeCompte (Address)Cambridge, Md.  19. Undertaker Granville S. specify	-	16. BIRTHPLACE (city (Stata or cour	or town)	d.	14	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicida? Data of Injury	ng: , 19
PlacCambridge, Md. Date II/IO;369.  Nature of injury  19. UNDERTAKER Granville S. LeCompte (Address)Cambridge, Md. (Address)Ca		(Address)	Baltimore			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	'LACE.
19. UNDERTAKER Granville S. LeCompte 24. Was disease or injury in any way related to occupation of deceased? hu	18			Date II	/IO;36a		
20 CUED 11-10 136 Oct 1) March Ok. (Signed) Made Melechella M.D.	_	(Address)Cam	bridge, M	d.		24. Was disease or injury in any way related to occupation of deceased?	
Registrar. (Address) . D. Charles Street Religion Proposed Address State Registrary 200 N. Charles Street Religion Proposed St.	20.	FILED 11- 10			Registrar.	(Address) Cambrilgly Maryle	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 4 1930	July 5,1927	Perilonitis	3 days ago	
I HORRAD V. E.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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PHYSICIAN

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DEATH

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S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones  V. B.	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
The second of th			

STATE O	F MAR	YI AND—	CERTIFICATE OF DEATH 11393
1. PLACE OF DEATH	1 1/1/-11	ILAND	—— ®
County Horches	tes.	WITHIN CORE	PORATE LIMITS 07 Registration Dist. No. 116
Village or City Camb	do	-	Jamb Maryland Hochestal Ward
Village of City	12-76	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	eeth occurred	yrs,mos	ds. How long In U. S.Af of foreign birth?yrsmosds.
2. FULL NAME Jufany	t - 0	The	
(a) Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH
So 16 married widewed as discool	Ru	gle .	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	/		22. I HEREBY CERTIFY, That I ettended deceased from
2	, ,	10.	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	100	-1906	I last saw h alive on, 19; death is said
7. AGE Years Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
THE H	1 71	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	neon		Then to the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	4		Chemonismy - (10:0 mg
10. Date deceased last worked et this occupetion (month end year)	spe	time (years) ent in this upation	
12. BIRTHPLACE (city or town)	Mad	a pation	Other Coatributory Causes of Importance:
(State or country)	17)		Oevere Gyelitis in
13. NAME Houry W.	Yohi		Moth
4 14. BIRTHPLACE (city or town)	71		Name of operation
(State of Country)	ma		What test confirmed diagnosis? Aire A Was there an autopsy?
15. MAIDEN NAME /c / Cr	use (	Juston	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	AA.		Accident, suicide, or homicide? Date of Injury, 19
State or country)	- Mil	9	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT to Korusa (Address)	. Os	Til	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 \	1/ il ,	Menner of injury
Place Carebridge, Va	Date Ka	J.4 ,1936	Neture of Injury
19. UNDERTAKER HENRY W	, Tak	e o	24. Was disease or injury in eny way related to occupation of deceesed?
(Address) Care of a	000	A.	(Signed) TIR: No Manurer M.D.
20. FILED 11-4 ,1936 CA	au m	caca X.	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis . The Land Land	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 4 1936	July 5,1927	Peritonitis	3 days ago
MURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
THEFT	MA ALCIA	1 010	T CAPTAINIE	CATAL TRANSPORT TO	T) Y	T II I DIOIOISIA

Registra

(Signed)

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(Address) ...

B

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DFC 4 1936	July 5, 1927	Peritonitis .	3 days ago
Walled W. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
With the part of t			
			THE DELL

Frauthoristion & Char	FURTHER STATEMENTS	BY PHYSICIAN forth certificat
on Tile 12/N9/36	7	7200

stated EXACTLY. PHYSICIANS should state

item of infor-

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

County Registration Dist. No. 1/9  Village or City Sub-part 1 No. St.,  (If death occurred in a hospital or institution, give its NAME instead of street and number 1 no. N	ds.
Village or City No. St.,  (If death occurred in a hospital or institution, give its NAME instead of street and number	nber) ds.
	ds.
2. FULL NAME and m. Okobinson If U. S. Veteran, specify WAR.	
(a) Residence: No. Parkers / Frank St., Ward.	
(Usual place of abode)  If nonresident give city or town and State	ile
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
	93 <b>4</b> (Year)
58. If merried, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. That I attended decea	ceased from
6. DATE OF BIRTH (month, dey, end yeer) White on 19.3.6; dea	leath is seld
7. AGE Years Months Deys If LESS than 1 dey,hrs. ormin. to heve occurred on the date steted above, et \( \int O : \text{ke } \mathbb{Pm} \). The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:	
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	
9. Industry or business in which work wes done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SIK MILL, SAW MILL, BANK, etc.  10. Oeta deceesed lest worked et this occupetion (month and year)  11. Totel time (yeers) spent in this occupation  Sequence of the soccupation of the sequence of the soccupation occupation  SAW MILL, BANK, etc.  11. Totel time (yeers) spent in this occupation  SAW MILL, BANK, etc.  11. Totel time (yeers) spent in this occupation	)
year) occupation Other Contributory Causes of importance:	
12. BtRTHPLACE (city or town) (State or country)	
Chronic IV Allugliance	
E wassaam goz may grade	
14, BIRTHPLACE (city or town)   Neme of operation   Date of   Da	nnsv7
	poytesta
15. MAIOEN NAME  23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Citete or country  Dete of Injury  Dete of Injury	, 19
Where did injury occur?	
Specify city or town, county and State)  17. INFORMANT CLUE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Raylow Hund hund.	E.
18. BURIAL, CREMATION, OR REMOVAL Menner of Injury	
Plece Dete Dete Neture of injury	
19. UNDERTAKER 24. Wes disease or Injury In any way related to occupation of deceesed?  (Address)  If so, specify	
20. FILEO Nov 27, 1936 Willy WM Pritchet (Signed) 7 cas @ Junio	M. O.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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DEC 10			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	46.49
County	Registration Dist. No. // O
	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
2 7 6	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Many 6. Cleans (a) Residence: No Staffer lands me	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
So It married wild and the still world	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Q. Herefeel Received	22. LHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 11/4/1869	I last saw h e alive on A 1936 death is sal
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, and the mention of the stated above, and the stated above.
67 / 18   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work dona as SPINNER.	DARROTORISO
kind of work dona, as SPINNER SAWYER, BOOKKEPER, atc	1000000 1 1 165
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	comment of countries (175)
kind of work dona, as SPINNER SAWYER, BOOKKEPPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and year) year)  11. Total tima (years) spant in this occupation.	
12. BIRTHPLACE (city or town) Danehouten Co	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME alexander Spadder	_
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Data of Data of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO THE STATE OF	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whare did Injury occur?
17. INFORMANY Teafered Canal (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, GREMATION, OR REMOVAL PLACE MALL MARKET 10/24 19 32	Mannar of Injury
19. UNOERTAKER (Address)	24. Was disease or Injury in any way related to occupetion of deceased?
20. FILEO Mars 23, 1936 Clas 21. Alatin	(Signed) (Signed) M.
Registrat	(Address) (Addre

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M	Other contributory causes of importance:	
outsiones ,	May 1,1923	Gustroenter tus	1 year

ADDITIONAL SPACE FOR FURT	THER STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

IS A PERMANENT RECO

WITH UNFADING INK-THIS

WRITE PLAINLY,

V. S. No. 1

ation should be carefully supplied. AGE should be AUSE OF DEATH in plain terms, so that it may be

FOR BINDING

ARGIN RESERVED

Exact statement of OCCUPA-

properly classified.

Every item of infor-

1. PLACE OF DEATH		10g			
County Darchest	ATTHIN CORPORAT	IR MINITA A.	Registration Di	st. No	16
Village or City Cambri	Rae	No. Zvashina	tow 31. 6	x7. st.	Wa
		If death occurred in a hospital or institut			number)
Length of residence in city or town where de	ath occurredyrs,mo		f foreign birth?	yrsn	nos
2. FULL NAME	ttill Day	Long Cleaf U. S. Veteran,	specify WAR		
(a) Residence: No. 1/1 & A	wasten St	St., Ward.			
DEDCOMAL AND COLUMN	(Usual place of abode)	L WEDIGH S		ve city or town an	d State
PERSONAL AND STATISTIC			ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH	11.1	2.1	(
My Calall	, , , , , , , , , , , , , , , , , , , ,		(Month)	(Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of		an Lucasan		The state of the state of	
(or) WIFE of	, 27	1 HEREBY	CERTIFY.	, that I attended	
M	77 Silla	fur as	7 No Lato 0	0	, 19
6. DATE OF BIRTH (month, day, and year)	16 22314	last saw h alive on	10.30	Δ	; death is s
7. AGE Years Months	Oays If LESS than 1 day,hrs,	to have occurred on the date state			
) - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	2 3 ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H end related causes	of importance	Oats of one
8. Trede, profession, or particular kind of work done, as SPINNER,		Presimental our	sspecified.		
SAWYER, BOOKKEEPER, etc		Guhnon	4.0 e	enger	
9. Industry of Dusiness in which work was done, as SILK MILL.		protect of	menno	min:	
SAW MILL, BANK, etc	11 Tatal time (vary)	- Unbrown whether	2. bronghon	or latoura	1.
this occupetion (month end	11. Total time (years) spent in this	in type o mon for	than inform	ration.	
year)	occupation	Other Contributory Causes of impo	ortance:		
12. BIRTHPLACE (city or town)		-			
(State or country)	7				
II 13. NAME	· Sumale				
14. BIRTHPLACE (city or town)	-11	Name of operation	ne	Date of	
(State of country)		What test confirmed diagnosis?		Was there an	eutopsy? 2
15. MAIOEN NAME	0439 0 11000	23. If death wes due to external cau	ises (VIOLENCE) fill i	n also the followin	o'
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?			0
16. BIRTHPLACE (city or town) 211	6 y 20 y 100	Where did Injury occur?		to or injury	; &
210-015	/		(Specify city or to	wn, county and Sta	ate)
17. INFORMANT (Address)	and the Market of the Contraction of the Contractio	Specify whether injury occurred in	INDUSTRY, IN HOM	E, OF IN PUBLIC PI	LACE.
18. BURIAL, CREMATION, OR REMOVAL	1				
Place A O A O	Date 2 3 Nov 1960	Manner of Injury			
C		Nature of injury			7
19. UNDERTAKER Laure 34- 13.	agreem	24. Was disease or injury in any w	ay releted to occupati	on of deceased?_	2
(Address) Carebid	gf. rud.	If so, specify		0	
20. FILED 11-23 136 Fr	lis more	(Signed)	- nes	u x	M
	Registear.	(Address)	ma	wil-	m

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATES	MENTS BY PHYSICIAN	- + :
to sulliving stion to change de	te a bestly see	Certificate
m lilo. 12/19/86.	7	
		•

3	ANENT RECORD. Every item of infor-	CTLY. PHYSICIANS should state	sified. Exact statement of OCCUPA-	
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11398
1. PLACE OF DEATH	101
County Quichita: WITHIN CORPOR	Registration Dist. No.
Village or City Canhalys	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Edward Short	If U. S. Veteran, specify WAR
	%/St. Ward.
(Usual place) of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  White  The second of the second	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lauch E. albutt	22. I HEREBY CERTIFY, That I attanded deceased from Nov. 28 1936 to Nov. 29 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h um allva on war 29 ,1936; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 810 A.m.
Mu 74 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacassad last worked at his occupation (month and 1.0.2)	Lobar aneumonia 11/21/3
9. Industry or businass in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and 1935 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Thomas Shortin.	,
13. NAME Thomas Martins.  14. BIRTHPLACE (city or town) Arms 16.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 244
15. MAIDEN NAME anna Mostu.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Charles that we'	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Campady, M. Date 12 1, 1986	- Natura of injury
19. UNDERTAKER trulk E. alfanfy. (Address)	24. Was disease or injury in any way related to occupation of decaased?
20. FILED 11-30, 136 galulmace Me.	(Signed) Gambridge and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPA	ACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state item of infor-

OCCUPA

Jo

OCCUPATION

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11399
1. PLACE OF DEATH	
County Dorchute WITHIN CORPORA"	Registration Dist. No. 116
	ND. Cambridge - md - Itospilet, Ward (f death occurred in a hospital or invitation, give its NAME indead of street and number)
Langth of residence in city or town where death occurred 20 yrs	sds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Retar Te Compte A	Audule B. S. Veteran, specify WAR
(a) Residence: No. Carallel R. (Usual place of abode)	FNSt., No 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR OIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
Sa. If married, widowad, or divorced HUSBAND of (or) WIFE of Edyar April Mr.	22. I HEREBY CERTIFY. That t attended deceased from Sept 2/ 1936 to 1936
6. OATE OF BIRTH (month, day, and year) Than 31.1881	I last saw h aliva on NOV 6 ,19 %; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Scherosis Date of Date of Onest
Solution of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Coronary thromboses Nov. 3, 193
11. Total time (years) this occupation (month and yaar)	
of and day	Other Contributory Causes of Importance:

12. BIRTHPLACE (city or town) (Stata or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME

(Stata or country)

16. BIRTHPLACE (city or town)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Addrass) 20. FILED 1 1-

Registrar.

Manner of injury Natura of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, spacify

Specify whether injury occurred in INOUSTRY, In HDME, or In PUBLIC PLACE

(Specify city or town, county and State)

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, sulcide, or homicide?

Whare did Injury occur?...

(Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
orincipal cause of death and related causes portance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
osclerosis	1915	Attack of epilepsy	1 week ago
ic interstitial nephritis	1921	Run over by street car	1 week ago
al hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 4 1936			
contributory causes of importance:	N	Other contributory causes of importance:	
mes A	May 1,1923	Gastroenteritis	1 year
contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(91)
County M.M. CO.	Registration Dist. No. 1 1 6
Village or City Orenna	NoSt.,Ward
20	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1 1 1 1 1 1	
	o. o. veterally with
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
bemale Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND-of	
(or) WIFE of / That I stanley	22. I HEREBY CERTIFY, That I attended daceased from
C DATE OF BIRTH (month day and was)	I last saw h A airy of to hy give done death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at \$30-4-m.
6/ 5 / 0   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8 Trade profession or particular	were as follows? The Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House lunger SAWYER, BOOKKEPER, etc.	it was proved to be wise about
9. Industry or business in which work was dona. as SILK MILL.	11:30 pm., the hold ofter
kind of work done, as SPINNER, Youse luft SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked et this occupation (month end	desti.
O 10. Data deceased last worked et this occupation (month end year)	Had been trested your hampling
Wall has a G	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / 1005 CO	From the history obtained from
	torily, deal would seem tou
E	then her probably from a aneuryan 11 To Changy thursday
(State or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
H A	23. If death was dua to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Lo Leader Date of Injury
Stata or country	Where did injury occur?
Maria Sambra (lita)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	Spaces which might occurred in the bost kit, in from E, of introduction flags.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Saleur Date Not DL , 19 36	Natura of Injury
19. UNDERTAKER THE Clair	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cambudge Md.	If so, specify
20 FILED 11-21 36 John mare on.	(Signed) hela O pereletty M.D.
Registra	(Address) & mbridge, way and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUN			
Other contributory causes of importance:	No.	Other contributory causes of importance:	5 7 25
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	93-0
County County	Registration Dist. No.
Village or City Sucar Tourlock	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Farmer ( Slev	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HOSBAND of (or) WIFE of William Steveney	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Feb 13/812	last saw h alivo on 19 36 to 19 35 death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence wera as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this programming the programming this programming this programming this programming the programming this programming the programmi	Chime My ve ardita,
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME Varnes Fassialet	30
13. NAME fames Enright,  14. BIRTUPLACE (city or town)  (Stata or country)	Name of operation Date of
	What tast confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
2 (Stata or country)  17. INFORMANT  (Addrass)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Level Los La Date Level Lip 3	Menner of Injury
19. UNDERTAKER BB Willoughby (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO More. 6., 19 56. Charles Gustar.	(Signod) M. D. (Address) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CENTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
015		
010	Attack of epilepsy	1 week ago
921	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
1,1923	Gastraenteritis	1 year
	5,1927	Other contributory causes of importance:

A-re	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11402
ould stat	1. PLACE OF DEATH	
/\ # # S	County Jorchester	Registration Dist. No.
item of should of OCC	Village or City Combered 9	Notablem there thate Horaperayard
. 70	9 M	death occurred in a hospital or institution, give its NAME instead of street and number) (
Every CIANS Lement	2. FULL NAME SIX Plophing	If U. S. Veteran, specify WAR
	(a) Residence: No. Chestertown	St., Ward,
	(Usua place of abode)	. If nonresident give city or town and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS'  3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	OR DIVORCED (write the word)	november 25 - 1936
NG TENT TLY Ted.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yéar)
BINDING PERMANEN EXACTI y classified.	(or) WIFE of Thomas H. Jobbins	HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, end year) AQ 3 22 1856	I last saw h. e. alive on No 25 the 36; death is said
PH d Herly	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at . 8 1.5 P.m.
FOR B] IS A PE stated E properly certificate	80 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- W 1 1 1	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	Ø
(Y) inter-		Gerebrafarteridacherous 193:
SERVI NK_T] should it may n back	9. Industry or business in which work was done, as SILK MILL, Dear Land	
ESE INK E sho it it		
RES NG I AGE that	GI)	Other Contributory Causes of Importance:
ARGIN RE NFADING pplied. AGH erms, so tha instructions	12. BIRTHPLACE (city or town)	
ARGIN UNFADI supplied. n terms, so	13. NAME anes Derry	
7 5 5 6	13. NAME anes Terry Jarwiels  14. BIRTHYLACE (city or town)	Name of operation
Lly Slai	(date of country)	What test confirmed diagnosis? Was there an autopsy?
Y, WITH carefully [H in pla ortant.	15. MAIDEN NAME and Lockerman  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
cal TH	O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
PLAINTY, WI nould be careful by DEATH in p	Eta Slas State Hand Read	(Specify city or town, county and State)  (Specify, whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	17. INFORMANCIANT RATE PROPERTY (Address) Romer of marcha	
E 8 5 8	10. BORINE, CREWITON REGIONAL	Manner of injury
-WRITE mation s CAUSE TION is	Place Reserve Date 1 1936	Nature of injury.
CA CA	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
Z B	20. FILED 11-26, 1936 Nolu mace ox.	(Signed) trarles papellarl M. D
P. Z	Kagistrar.	(Address) Combridge - Mo
	If more blanks are needed, address State Registrar,	2411 N. Challe Street, Baltimore, Requesting V. S. No. 1

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	Example I	1	Example II	
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	nec 4 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July 5,1927	Peritonitis	3 days ago
L.	and the second s			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>&amp;</u>
County Dorchesler	Registration Dist. No. //
Village or City Thodesdale (butaide)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Purnell Franque St.	ill born).
(a) Residence: No. Phodesdale (authibe)	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  Nov /9, 1936: (Month) (Day) (Yaer)
5a. If married, vidowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) There 19 - 1936	I last saw h alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data statad above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Leele hour:
9. Industry or business in which	Hell vain.
work was done, as SILK MILL, SAW MILL, BANK, etc.	Welmered by medinedo
10. Oata deceased last worked at this occupation (month and yaar)	William of manye
12. BIRTHPLACE (city or town) Rhydesclale (State or country)	Other Contributory Causes of importance:  Mr. Dhydician mattending
13. NAME James Tranque	
13. NAME fames tranque  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME Educe Israel	What test confirmed diagnosis?
15. MAIOEN NAME Educe Coal  16. BIRTHPLACE (city or town)  (Stata or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Education Wangus Wangus (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Nov 19, 1936	Manner of Injury
19. UNDERTAKER Family Physics of a Co.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEO Nov 19 , 1936 Elegabeth Brash Registrar.	(Signed) Elizabeth W. braft. M. D. (Address) Justina mot.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Diample 1	i		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cau of importance we	se of death and related causes	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	.8 .V UARRUM	1 week ago
Chronic interstitial nephritis	1921	Run over by street co		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	DEC 2 1836	3 days ago
			GBALBOUR	
Other contributory causes of importance:		Other contributor	y causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

SIAIL (	OF MARYLAND	CERTIFICATE OF DE	-AIH 11404
County De Co-	within	CORPORATE LIMITS 97	tion Dist. No. 116
Village or City	buje,	(If death occurred in a hospital or institution, give its N	St., Ward
Length of residence in city or town when	e death occurredyrs,	ds. How long in U.S. if of foreign birth	
2. FULL NAME MAG	ale C. W	If U. S. Veteran, specify WAR	<b>}</b>
(a) Residence: No. 13	(Usual place of abode)	Ward. If nonresi	ident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICA	ATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wo		(Day) (193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of			100,000
(or) WIFE of	11		IFY, That I attended deceased from
		I last saw hamelive on 2	22 23 1936
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	Days If LESS to		
about 60	1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related	
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Leone	50-	
9. Industry or business in which		second afre	111161
work was done, es SILK MILL, SAW MILL, BANK, etc.	******	frame to	1/11/3
10. Date deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation		
10 -	461-	Other Contributory Causes of importance:	444.0.
12. BIRTHPLACE (city or town)	mi.	Meming	1/19.
13. NAME Columb	n Com		
13. NAME  14. BIRTHPLACE (city or town)	ulu-	Name of operation None	Date of
(Stete or country)		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME	hud	23. If death was due to external causes (VIOLENC	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	ulum	Accident, suicide, or homicide?	
∑ (State or country)		Where did injury occur? Canada	ing mis
17. INFORMAN Canb. 2	V. Horbita	Specify whether Injury occurred in INDUSTRY, i	in HOME, or in PUBLIC PLACE.
(Address)	peroli.	If Done	
18. BURIAL, CREMATION, OR REMOVAL	Juste 11 - 26 ,19	Manner of injury	of stone
19. UNDERTAKER 7 B. Wie (Address) Sur loc	loughby	24. Was disease or injury in any way related to o	ocupation of deceased?
20. FILED. 1.//23/., 19.3.6	John mon	Signed) 2	M. D.
If mo		strar, 2411 N. Charles Street, Baltimore, Requesting V. S.	No. I.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A WALLEY COLL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1	ARGIN	RESERVE	D FOR	ARGIN RESERVED FOR BINDING	
N. B.—WRITE PLANKY, V	VITH UNFAD	ING INK-TH	IS IS A	PERMANENT 1	N. BWRITE PLAKAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be caref	ully supplied.	AGE should b	e state	BXACTLY.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in	plain terms, se	o that it may b	e prope	rly classified. I	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	it. See instruc	tions on back o	f certific	cate.	

1. PLACE OF				131)		
County DO	rchester *	THIN CORPO	RATE LIMITS O	7	Registration Dist. No III	6
Village or City	y Cambrid	ge		No.	stitution, give its NAME instead of stree	t.,War
Length of reside	ence in city or town where d	eeth occurred			if of foreign birth?yrs	
2. FULL NAM	E Margare	t E. Whi	tten.	If U. S. Velera	an, specify WAR_NO	
(a) Residence	: No. 202 Ac	ademy St		St., 4 Ward.		
PERSONA	L AND STATISTI	(Usual place		MEDICAL	If nonresident give city or tow CERTIFICATE OF DEAT	
	4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH		. H
Female	White		(write the word)		November 5th, (Day)	, 193 <u>6</u> (Year)
a. If married, widowed HUSBAND of (or) WIFE of	l, or divorced Late George	W. Whit	tten Sr.	22. Sept. HEREE	BY CERTIFY, That I atte	ended deceased fro
5. DATE OF BIRTH (m	onth, dey, and year) 8	/29/1868	3	I last saw h_le alive on_	Duos. 4, 19	36; death Is sa
7. AGE Years		Deys 6	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF D	steted ebove, at 3 - 20 . Pm M . EATH and related causes of importance	
8. Trade, professi	on, or perticular		ormin.	were as follows:	stitio als	Date of onse
	rk done, as SPINNER, H	ouse wor	ck			ale
9. Industry or bu	isiness in which ione, as SILK MILL, , BANK, etc	Home		U		0
			me (years) tin this 5 I			
12. BIRTHPLACE (city	ortown) Talbot			Other Contributory Causes of I	mportancé: degen	er?
(State or countr	arles Spenc			1 glie	n. Christic	2
		lbot Co		Depluse	<u> </u>	
14. BIRTHPLACE (	,	TDOL CO	Md.	Name of operation	? Was ther	
15. MAIDEN NAMI	Not K	nown			causes (VIOLENCE) fill In also the foll	
16. BIRTHPLACE (	city or town)	X			? Date of injury	-
17. INFORMANTG	eorge W. Wh Cambridge,	itten J:	r,	The second second second	(Specify city or town, county and In INDUSTRY, In HOME, or in PUBL	nd State) IC PLACE.
8. BURIAL, CREMATIC			8/36 • 19	Menner of injury		
19. UNDERTAKER G (Address) C	ranville S ambridge.	LeComp	te	24. Was disease or injury In an	ny way related to occupation of decease	d? )co.
0. FILED 11- 7	100	lmu		(Signed) Rull (Address)	1 schnedo	e mal,

Of more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	T	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis pro 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

orate

st	1	. PLACE OF DEATH				
S E S		county Dorchestin				
non		Village Dr City Cambridge				
sh of		Village Dr City				
t S	Length of residence in city or town where death					
Ver.	2	. FULL NAME				
IC I		1. 0 1.				
RD YS		(a) Residence: No. Q				
E H C		PERSONAL AND STATISTICA				
RECO PF Exact	3. 5	SEX 4. COLOR OR RACE 5.				
T.Y.	1	male calacia				
A L	52	If married, widowed, or divorced · O				
I E C J	va.	HUSBAND of Price				
MAN A C assifi	-	(OI) WIFE OI				
PERM EX.	6	DATE OF BIRTH (month, day, and year)				
P. I.	-0.0	AGE Years Months				
IS A I stated proper ertifica		rente se				
IS stat pro	-	8. Trade, profession, or particular				
IIS be of of	O	kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.				
<u> </u>	ATI	9. Industry or business In which				
oul ma bac	OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc.				
Sh sh it on	2	10. Date deceased last worked at 2				
		this occupation (month and ) types				
NG AGJ tha ions		mo				
DIP So ucti	12.	(State or country)				
ITH UNFA	ER.	13. NAME LO aut Bar				
ppl ppl in in	THE	13. MAINE OF CURTO NOCO				
H U	FAT	14. BIRTHPLACE (city or town)				
IIy olai	-	(State or country)				
fu ut	HER	15. MAIDEN NAME & COMM				
care FH in	10	16. BIRTHPLACE (city or town)				
od od	Σ	(Stete or country)				
E. b.	17	INFORMANT ALCE LOI				
WRITE PLA ation should AUSE OF DI	17.	(Address) Combulae				
Shou OF	18.	BURIAL, CREMATION, OR REMOVAL				
on s SE SE N is		Place 1 The Ce My				
W. Trio		· 40-08412				
CAM	19	. UNDERTAKER				

20. FILED 11 - 28 , 1936 D

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. //6

No. St., Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

In city or town where death occurred yrs, mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

How long in U. S. Veteran, specify WAR

(Usual place of abode)

AND STATISTICAL PARTICULARS

OLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH

If LESS

Il more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1 day,\_\_\_\_

11. Total time (years)
spent in this
occupation \_\_\_\_

Davs

	ND. St., death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?	
ne	If U. S. Veteran, specify WAR	
est	St., Y Ward.  If nonresident give city or town and St.	tate
	MEDICAL CERTIFICATE OF DEATH	
ED, ord)	21. DATE OF DEATH  Wrender 75'  (Month) (Day)	193 <u>(</u> (Year)
hanhrs.	I HEREBY CERTIFY. Thet I ettended de 1934, to 25 m.  I last saw harmalive on 23 , 1934; to have occurred on the date stated above, et 1:30 p.m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance	ceased from , 19 24 death is seid
n.	Mysediti.	Date of onset 1984- 1935- 11-7-36
	Dther Contributory Causes of importance:	
	Name of operation Date of What test confirmed diagnosis? Lawred Was there en eu	
	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
36	Manner of injury	
тат.	24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	F-Y-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	93-0	
County Parkets WITHIN COR	Registration Dist. No. 11	
Village or City Cambridge Ind	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
1/4/- 4	ds. How long In U.S. if of foreign birth?mosds.	
2. FULL NAME Lillie B. Willis	If U. S. Veteran, specify WAR	
(a) Residence: No. 26 Glasgem	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Timah White OR OIYORCEO (wijethe word)	(Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	2212 I HEREBY CERTIFY, That I attended deceased from	
(or) WIFE OF	Nov 18 , 19 6, to Mor 19 , 19 56	
6. OATE OF BIRTH (month, day, and year) And 21. 1862	I last saw harmalive on Mart 9, 1916; death is said	
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1.7.5.4 m.	
17 7 2 P ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome Mus cardetis 1954	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and		
SAW MILL, BANK, etc		
this occupation (month and spent In this occupation occupation		
12. BIRTHPLACE (city or town) Church Cruck	Other Contributary Causes of Importance:	
(State or country)		
13. NAME Thomas a- millis		
14. BIRTHPLACE (city or town) Church Guch	Name of operation Oate of	
(State of Country)	What test confirmed diagnosis? _ Cleany col _ Was there an autopsy? Le	
15. MAIDEN NAME Company Mortford  16. BIRTHPLACE (city or town) Dhish China	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county and State)	
2 h TT have		
17. INFORMANT fundamental (Address)	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Laurenty Mr Date Nor del , 1936	Nature of injury	
19. UNDERTAKER Trank C. Albangh	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO (1-21 , 136 John mice )	(Signed) 10. 13. Shriver M. O.	
If more blanks are needed, address State Registrar.	2411 N Charles Street Relimore Requesting 9) S No. 1	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial hephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 2 2 2 2

80 m / 80

1